

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Date:: 09/25/01  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?:: NONE  
Title:: METHOD FOR IN VITRO DIAGNOSIS OF  
ENDOMETRIOSIS  
Attorney Docket Number:: SCH-1789  
Total Drawing Sheets:: 15

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: GERMANY  
Status:: FULL CAPACITY  
Given Name:: HOLGER  
Family Name:: HESS-STUMPP  
Name Suffix:: DR.  
City of Residence:: BERLIN  
Country of Residence:: Germany  
Street of Mailing Address:: GABELWEIHSTRASSE 19, D-13505  
City of Mailing Address:: BERLIN  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-13505

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: GERMANY  
Status:: FULL CAPACITY  
Given Name:: BERNARD  
Family Name:: HAENDLER  
Name Suffix:: DR.  
City of Residence:: BERLIN  
Country of Residence:: Germany  
Street of Mailing Address:: AM BIBERBAU 8, D-13465  
City of Mailing Address:: BERLIN  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-13465

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: GERMANY  
 Status:: FULL CAPACITY  
 Given Name:: JOERN  
 Family Name:: KRAETZSCHMAR  
 Name Suffix:: DR.  
 City of Residence:: BERLIN  
 Country of Residence:: Germany  
 Street of Mailing Address:: KUHLEWEWEIHSTRASSE 32, D-13409  
 City of Mailing Address:: BERLIN  
 State or Province of Mailing Address:: GERMANY  
 Country of Mailing Address:: Germany  
 Postal or Zip Code of Mailing Address:: D-13409

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: GERMANY  
 Status:: FULL CAPACITY  
 Given Name:: BERTHOLT  
 Family Name:: KREFT  
 Name Suffix:: DR.  
 City of Residence:: BERLIN  
 Country of Residence:: Germany  
 Street of Mailing Address:: FONTANESTRASSE 21, D-13158  
 City of Mailing Address:: BERLIN  
 Country of Mailing Address:: Germany  
 Postal or Zip Code of Mailing Address:: D-13158

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: GERMANY  
 Status:: FULL CAPACITY  
 Given Name:: ELKE  
 Family Name:: WINTERHAGER  
 Name Suffix:: PROF., DR.  
 City of Residence:: ESSEN  
 Country of Residence:: Germany  
 Street of Mailing Address:: FERNBLICK 5, D-45259  
 City of Mailing Address:: ESSEN  
 Country of Mailing Address:: Germany  
 Postal or Zip Code of Mailing Address:: D-45259

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: GERMANY  
Status:: FULL CAPACITY  
Given Name:: PEDRO  
Family Name:: REGIDOR  
Name Suffix:: PD., DR.  
City of Residence:: ESSEN  
Country of Residence:: Germany  
Street of Mailing Address:: DAIMLERSTRASSE 10, D-45133  
City of Mailing Address:: ESSEN  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-45133

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: GERMANY  
Status:: FULL CAPACITY  
Given Name:: SIMONE  
Family Name:: SCOTTI  
Name Suffix:: DR.  
City of Residence:: HATTINGEN  
Country of Residence:: Germany  
Street of Mailing Address:: UHLENKOTTEN 12, D-45529  
City of Mailing Address:: HATTINGEN  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-45529

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/243,265	10/26/00

#### FOREIGN PRIORITY INFORMATION

Application Number::	Country::	Filing Date::	Priority Claimed::
100 48 633.9			

Germany	09/25/00	YES
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